

Health, Welfare  
Public Service

FILED OCT 9 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 34557

Registration District No. 337 Primary Registration District No. 6139 Registrar's No. 66

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57  
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1. PLACE OF DEATH a. COUNTY <b>SHELBY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MARION</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RURALVILLE BLACK CREEK TWP</b>		c. CITY OR TOWN <b>WARREN TOWNSHIP</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>PLEASANT HILL REST HOME</b>		d. STREET ADDRESS (If outside, give location) <b>MONROE CITY R. 4</b>	
Length of stay in lb <b>18 Mo</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>HALLIE ANGELINE CHRISTIAN</b>			4. DATE OF DEATH Month Day Year <b>SEPT 29, 1957</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MARCH 14, 1888</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>69 6 15</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEKEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (City and state or country) <b>MARION COUNTY, MO</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>CLEGGETT M. GEARFOSS</b>			
13b. MOTHER'S MAIDEN NAME <b>ELLA C. GARDNER</b>			14. NAME OF HUSBAND OR WIFE <b>EARNEST CHRISTIAN</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>492-40-6756 B</b>		17. INFORMANT Address <b>Miss John R. Boyd, Marion City, Mo R 4</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiovascular disease w. infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>4221</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <b>Sept 26-1956</b> to <b>Sept 29-1957</b> and last saw her alive on <b>Sept 26-1957</b> Death occurred at <b>3:50 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>P. B. Archer MD</b> (Degree or title)	22b. ADDRESS <b>Chelleville Mo</b>	22c. DATE SIGNED <b>9-30-57</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>10-1-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ANDREW CHAPEL</b>	23d. LOCATION (City, town, or county) (State) <b>MARION COUNTY, MO</b>
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24. FUNERAL DIRECTOR <b>Wilson &amp; Son</b> ADDRESS <b>Marion City Mo</b>	25. DATE RECD. BY LOCAL REG. <b>10-9-57</b>	26. REGISTRAR'S SIGNATURE <b>Thomas C. Dunder</b>
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(Licenses Embalmers' Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me..... Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Levin T. Sibson.....

Licensed Embalmer No. 3014.....

P. O. Address Worms City Va.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.